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Bib Data Sheet

CONFIRMATION NO. 2243

SERIAL NUMBER 09/433,202	FILING DATE 11/04/1999 RULE	CLASS 057	GROUP ART UNIT 1755	ATTORNEY DOCKET NO. N19.12-0026
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APPLICANTS

HARIKLLIA DRIS REITZ, SANTA CLARA, CA;
NOBUYUKI KAMBE, MENLO PARK, CA;
SUJEET KUMAR, FREMONT, CA; XIANGXIN BI, SAN RAMON, CA;

** CONTINUING DATA *****

This application is a CIP of 09/136,483 08/19/1998

yb ~

** FOREIGN APPLICATIONS *****

only ~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/08/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 11	CLAIMS 38	CLAIMS 6
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

24113
PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.
4800 IDS CENTER
80 SOUTH 8TH STREET
MINNEAPOLIS , MN
55402-2100

TITLE

PARTICLE DISPERSIONS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 659		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/433,202	11/04/99	438	1765	N19.12-0026

APPLICANT HARIKLLIA DRIS REITZ, SANTA CLARA, CA; NOBUYUKI KAMBE, MENLO PARK, CA;
SUJEET KUMAR, FREMONT, CA; XIANGXIN BI, SAN RAMON, CA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 09/136,483 08/19/98
and is CIP of 09/266,202 03/10/99

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/08/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	PETER S DARDI PHD SUITE 1600 INTERNATIONAL CENTRE 900 SECOND AVENUE SOUTH MINNEAPOLIS MN 55402-3319
TITLE	PARTICLE DISPERSIONS

FILING FEE RECEIVED \$659	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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